ATTACHMENT C-2: NCPRO Coronavirus grant Monthly Reimbursement Request

Attachment C-1 must accompany this form to receive reimburement from NCPRO.

RECIPIENT COMPLETION INFORMATION: Upload completed form to the following website:

https://ncosbm.sharefile.com/r-r2d709de9f9a47889

PART A: Summary of Funding Received and Spent															
										January					
										Reimbursement					
					August	September	October	November	December	Request for					
	Contract	Total Funding		July Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	December					
NAME OF RECIPIENT	Agreement	Authorized by HB		Request	Request	Request	Request	Request	Request	Expenses	Total Received to	Point of Contact		Point of	Point of Contact
ORGANIZATION:	Number	1043:	Advance	(Details in Part B)	Date	Name	Point of Contact Title:	Contact Email	Phone Number						
											\$ -			1	

PLEASE REMEMBER INDIRECT COST ALLOCATION AND PERCENTAGE OF ADMINISTRATION COST ARE UNALLOWABLE

PART B: Detailed Expense (In lieu of completing Part B manually, detailed information can be exported from your systems in Excel or .CSV format, however, at minimum, the requested fields must be provided)															
Recipient Name or Subrecipent Name	Date of Invoice, payroll, or service,	Employee Name or Vendor Name or Contractor	Employee ID Number or Invoice Number	Employee Title or Description of Item Puchased	Required Monthly Hours Worked or Total Invoice Amount	Actual Employee Hours Dedicated to COVID or Invoice Quantity or # of Patients Served	(Payroll and benefits cost for employee that are dedicated to COVID-19)	Contracted Labor Expenses	Other Service Expenses (e.g. utilities, telephone, data, lease related expenses)	Subcontract Expenses (e.g. construction, maintenance)	Goods Expenses (e.g. supplies, PPE)	Equipment Expenses	Other Expenses (e.g. related charges not assigned in columns H-M and described by recipient, such as, patient services)	TOTAL Expenditures	Is the Vendor a Historically Underutilized Business (HUB)? (YES or No)
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